

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION GAMING CONTROL BOARD

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

NO LIMIT TEXAS HOLD'EM AFTER OCCASION REPORT

This report must be filed with the Delaware Gaming Control Board within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1.	Name of Sponsoring Organization: Permit Number: TX Location of event: Date of event: Time of event:		
2.			
J. ⊿			
5. Number of players:			
6.	, ,		
Ο.	(a) Receipts from admission	Ф	
	(b) Receipts from all re-buys	Ψ	
		Φ	
	(c) Receipts from food & beverage sales	ф	
	(d) Other receipts (attach description)	Φ	
			TOTAL ¢
	Total expenses:		TOTAL \$
	Total expenses:	ф	
	(a) Total cost of all prizes	Ф	 *
	(b) Cost of use of event premises	\$	
	(c) Cost of third party services and equipment	\$	
	(c) Cost of advertising	\$	
	(d) Cost of (gaming) supplies used	\$	
	(e) Cost of bookkeepers or accountants	\$	
	(e) Other expenses (attach description)	\$	
			TOTAL \$
	7. NET PROFITS (Subtract TOTAL EXPENSES from TOTAL GROSS RECEIPTS above): \$ 8. Name(s) and address of member(s) in charge:		
9.	Purpose(s) for which the event's net proceeds will be	used:	
ga	nder penalties of perjury I do hereby state under oath that all me was conducted in accordance with the provisions of the la verning the conduct of such games.		
PR	RINT NAME OF MEMBER-IN-CHARGE:		
CI/	CNATURE OF MEMBER IN CHARGE.		